

Application Data Sheet**Application Information**

Application number:: 10/579,221
Filing Date:: May 12, 2006
Application Type:: Regular
CD-ROM or CD-R?:: None
Number of CD Disks::
Number of copies of CDs::
Sequence submission?::
Computer Readable Form
(CRF)?::
Number of copies of CRF::
Title:: VENT SYSTEM FOR CPAP
PATIENT INTERFACE USED
IN TREATMENT OF SLEEP
DISORDERED BREATHING
Attorney Docket Number:: 4398-537
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure:: 1
Total Drawing Sheets:: 32
Small Entity?:: No
Petition included?:: No
Petition Type::
Licensed US Govt. Agency::
Contract or Grant Numbers::

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Great Britain
Status:: Full Capacity

Given Name:: Donald
Middle Name::
Family Name:: DARKIN
Name Suffix::
City of Residence:: Dural
State or Province of Residence:: New South Wales
Country of Residence:: Australia
Street of mailing address:: c/o ResMed Limited, 1 Elizabeth Macarthur Drive
City of mailing address:: Bella Vista
State or Province of mailing address:: New South Wales
Country of mailing address:: Australia
Postal or Zip Code of mailing address:: 2153
Applicant Authority Type:: Inventor
Primary Citizenship Country:: Australia
Status:: Full Capacity
Given Name:: Patrick
Middle Name:: John
Family Name:: MCAULIFFE
Name Suffix::
City of Residence:: Chatswood
State or Province of Residence:: New South Wales
Country of Residence:: Australia
Street of mailing address:: c/o ResMed Limited, 1 Elizabeth Macarthur Drive
City of mailing address:: Bella Vista
State or Province of mailing address:: New South Wales
Country of mailing address:: Australia
Postal or Zip Code of mailing address:: 2153

Correspondence Information

Correspondence Customer Number:: 23117

Representative Information

Representative Customer Number:: 23117

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	An application claiming the benefit under 35 USC 119(e)	60/524,728 60/538,507 60/550,319	Nov/25/2003 Jan/26/2004 March/08/2004

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
		DAY/MONTH/YEAR	
	PCT/AU2004/001650	25 November 2004	Yes

Assignee Information

Assignee Name::	RESMED LIMITED
Street of mailing address::	97 Waterloo Road
City of mailing address::	North Ryde
State or Province of mailing address::	New South Wales, Australia
Country of mailing address::	
Postal or Zip Code of mailing Address::	2113